

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/20/92

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD986630465

FACILITY NAME -> EXXON CO USA 39847

MAILING ADDRESS -> PO BOX 4415

HOUSTON, TX 77210-4415

INSTALLATION ADDRESS ->

470 US RTE 1 & CRAIG EDISON, NJ 08817

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: POOL, ALDA S STAFF ASSIST EXXON CO USA 39847 PO BOX 4415 HOUSTON, TX 77210-4415

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

APR -3 PH (2: 37

United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' In the appropriate box) C. Installation's EPA ID Numb A. First Notification **B.** Subsequent Notification (complete item C) II. Name of Installation (Include company and specific site name) EXXXION III. Location of installation (Physical address not P.O. Box or Route Number) Street Street (continued) City or Town State **ZIP** Code **County Code County Name** IV. Installation Mailing Address (See Instructions) Street or P.O. Box City or Town ZIP Code V. Installation Contact (Person to be contacted regarding waste activities at site) Name (last) (first) Job Title VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box City or Town ZIP Code VII. Ownership (See instructions) A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number City or Town State ZIP Code **B. Land Type** D. Change of Owne Indicator C. Owner Type (Date Changed) onth Day Phone Number (area code and number)

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III. Type of Regulated Waste Activity	(Mark 'X' in the appropriate boxes. Re	fer to instructions.)
	Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	3. Treater, Storer, Disposer (at Inst Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burn	b. Other Markerer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Market (or On-site Burner) Who First Clair
X. Description of Regulated Wastes (Use additional sheets if necessary	T1:50 W
- And Adviction of Namileted Hazardous	Wastes. Mark 'X' in the boxes correspondi	ng to the characteristics of nonlisted hazardous
wastes your installation handles. (See 40	CHAPAIS 201.20	在 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是 是
1. Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003)	Db OI	is waste number(s) for the EP Toxic contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFF	R 261.31 - 33. See instructions if you need to	list more than 12 waste codes.)
7 8	9 10	11 12
C. Other Wastes. (State or other wastes re	equiring an I.D. number. See instructions.)	# T # T # T # T # T # T # T # T # T # T
1 2	3 4	5 6 6 7
C. Certification		
I certify under penalty of law that I had all attached documents, and	re that based on my iniquity of the re that the submitted information is ies for submitting false information	miliar with the information submitted in the individuals immediately responsible to true, accurate, and complete. I am away on, including the possibility of fines at
Signature	Name and Official Title (type or print J. K. Harris SR MKT)	G. Engineer 3/26/8
XI. Comments		
An Johntons	7	THE REAL PROPERTY.